1-fe:1501			_					,
Commissioner for Patents P.O. Box 1450 INSTRUCTIONS: This form should be used for beginning the 1835 FEE and PUBLICATION FEE (if required, Blocks I through 5 should be completed and properly the complete and the properly the complete and the co	t	1	O'ERE	B - FEE(S) TRANSMITTAI	. (:		
INSTRUCTIONS: This form should be used for beginning the ISSS FEE and PUBLICATION FEE (if required). Blacks 1 through 5 should be compared proprietate. All further correspondence including the Methy, advanced does and notification of maintenance free will be mailed up the current correspondence including the Methy, advanced does and notification of maintenance free will be mailed up the current correspondence indications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for my change of soldiers) ZETENDE, KESSLER, GOLDSTEIN & FOX PLLC 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 APPLICATION NO. FILING DATE A	Complete and send t	this form, together vi	•	ان	Commission P.O. Box 1	ner for Patents 450		
INSTRUCTIONS: This form should be used for beginning the ISSS FEE and PUBLICATION FEE (if required). Blocks I through 5 should be compagnopriated. All further correspondence indicated will be compagnopriated unless corrected below or directed otherwise in trackal Data () specifying a new correspondence address; and/or (6) indicating a separate "FEE ADD maintenance fee will be feet for will be provided by specifying a new correspondence address of mining and part of the feet) with the feet of the propositional part of the propositional part of the propositional part of the propositional part of the p		1	LER O 5 5000		Alexandria Fax (703) 746-4		3-1450	
26111 7590 11/03/2004 STERNE, KESSLER, GOLDSTEIN & FOX PLLC 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 2704/2005_BREYER2-0000001-09902789 1-F0:1504		110.		FEE and ders and no a) specifying	PUBLICATION FEE iffication of maintenance a new correspondence	(if required). Blocks e fees will be maile address; and/or (b) i	1 through 5 and to the current ndicating a sep	should be completed with the correspondence address arate "FEE ADDRESS"
TITILE_OF INVENTION: CARBOCYCLIC HYDRAZINO INHIBITORS OF COPPER-CONTAINING AMINE OXIDASES APPLN_TYPE SMALLENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE AGRANGES from PTO/SB1/22) attached. APPLN_TYPE SMALLENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE AGRANGES from PTO/SB1/22) attached. APPLN_TYPE SMALLENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE AGRANGES from PTO/SB1/22) attached. CFR_3_5_3) BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" indication (of "Fee Address" indication (of "Fee Address" indication of "Fee Address" indication in the patient in the patien	CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certif	icate of mailing can	only be used i	for domestic mailings of
STERNE, KESSLER, GOLDSTEIN & FOX PLLC 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 //04/2005_HBEYENE2-00000001_09902789 -FC+150H - 300-700** DP - FC+150H - 300-700*	26111 7:	590 11/03/2004			papers. Each a	dditional paper, sucletificate of mailing of	cannot be used as an assignm or transmission	for any other accompan- ent or formal drawing, r
The Properties of the Second Control of the Contr	STERNE, KESS	LER, GOLDSTEIN	& FOX PLLC			Certificate of M	siling or Tran	emission
FC: 1509	1100 NEW YORK	AVENUE, N.W.			I hereby certif	y that this Fee(s) Tra	nsmittal is beir	ng deposited with the Un
FC: 1509	•				addressed to t	he Mail Stop ISSU	E FEE address	above, or being facsing
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATI 09/902,789 07/12/2001 David John Smith 1708.0100000/JMC/AES 6639 TITLE,OF INVENTION: CARBOCYCLIC HYDRAZINO INHIBITORS OF COPPER-CONTAINING AMINE OXIDASES APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DU nonprovisional NO \$1370 \$300 \$1670 02/03/20 EXAMINER ART UNIT CLASS-SUBCLASS BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/4/2) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/4/2) attached. The Address' indication (or "Fee Address" Indication form PTO/SB/4/7, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTa substitute for filing an assignment 1 02/04/2005 HBEYENE2 00000046 09902 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotie Therapies Corp. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Capable Corporation or other private group entity Capable Ca	/V4/2003_BBE FENEZ-0000					051 10 (705) 74	5 4000, on the	(Depositor's na
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATI 09/902,789 07/12/2001 David John Smith 1708.0100000/JMC/AES 6639 TITLE_OF INVENTION: CARBOCYCLIC HYDRAZINO INHIBITORS OF COPPER-CONTAINING AMINE OXIDASES APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DI nonprovisional NO \$1370 \$300 \$1670 02/03/20 EXAMINER ART UNIT CLASS-SUBCLASS BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. The Address indication (or "Fee Address" Indication form PTO/SB/1/22 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT's substitute for filing an assignment 1 02/04/2005 MBEYENE2 00000046 03902 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotie Therapies Corp. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Carporation or other private group entity								(Signat
09/902,789 07/12/2001 David John Smith 1708.0100000/JMC/AES 6639 TITLE_OF INVENTION: CARBOCYCLIC HYDRAZINO INHIBITORS OF COPPER-CONTAINING AMINE OXIDASES APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DU APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DU CLASS-SUBCLASS BARTS, SAMUEL A 1621 1621 1621 1621 164-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address fundication form PTO/SB/122) attached. PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has beer recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 102/04/2005 MEFYENE2 00000046 09302 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Turku, Finland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Graph of Fee(s): 4b. Payment of Fee(s): Acheck in the amount of the fee(s) is enclosed.			-					(D
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DU nonprovisional NO \$1370 \$300 \$1670 02/03/20 EXAMINER ART UNIT CLASS-SUBCLASS BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. """""""""""""""""""""""""""""""""""	APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1370 \$300 \$1670 02/03/20 EXAMINER ART UNIT CLASS-SUBCLASS BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The provisional NO \$1370 \$300 \$1670 02/03/20 EXAMINER ART UNIT CLASS-SUBCLASS 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The provisional NO \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	09/902,789 07/12/2001			David Jo	hn Smith	1708,01000	000/JMC/AES	6639
EXAMINER ART UNIT CLASS-SUBCLASS BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122 attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Biotic Therapies Corp. Biotic Therapies Corp. ART UNIT CLASS-SUBCLASS 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents or agents or agents or agent of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Biotic Therapies Corp. Biotic Therapies Corp. Turku, Finland Corporation or other private group entity Ge 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.	<u> </u>		L		<u> </u>			DATE DUE
BARTS, SAMUEL A 1621 514-657000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address or indication of the patent is not a segistered patent attorneys or agents. If the names of up to 3 registered patent attorneys or agents or a single firm (having as a member a registered attorney or agent) and the names of up to 2 & Fox P.L.L.C. 2 the name of a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 is form on name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has beer recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Turku, Finland Corporation or other private group entity Ge 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							1670	02/03/2005
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Biotie Therapies Corp. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is registered attorney or agents. If no name is listed, no name will be printed. 2. Sterne, Kessler, Gol. (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotie Therapies Corp. Turku, Finland C3 F03001 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Carporation or other private group entity are carporated attorneys or agents. If no name is registered attorney or agents. If no name is registered attorneys								•
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTa substitute for filing an assignment. (a) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotie Therapies Corp. (b) RESIDENCE: (CITY and STATE OR COUNTRY) Turku, Finland (c) FC:0001 1 Get Address of the patent attorneys or agents. If no name is listed, no name will be printed. 1 Sterne, Kessler, Golon agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3 Sterne, Kessler, Golon agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3 Sterne, Kessler, Golon agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3 Sterne, Kessler, Golon agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 5 Level Pox P.L.C. 2 & Fox P.L.C. 3 Level Fox P.L.C. 5 Level Pox P.L.C. 5 Level Pox P.L.C. 6 Pox P.L.C. 6 Level Po							<u> </u>	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. O2/04/2005 MBEYENE2 00000046 09302 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotic Therapies Corp. Turku, Finland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Get 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.	CFR 1.363).	,	Sterne, Kessler, Goldstein					
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOTa substitute for filing an assignment. \(\) \(\text{02/04/2005} \) \(\text{MBEYENE2 00000046 03302} \) \(\text{(A) NAME OF ASSIGNEE} \) \(\text{(B) RESIDENCE: (CITY and STATE OR COUNTRY)} \) \(\text{1 Turku, Finland} \) \(\text{1 Turku, Finland} \) \(\text{1 Turku, Finland} \) \(\text{1 Turku or other private group entity} \) \(\text{1 Go Go Go Fine Private group entity} \) \(\text{1 Turku or other private group entity} \) \(1 Turku or other private g	Address form PTO/SB/12	22) attached.	Correspondence			ing as a member a	2_ & Fox	P.L.L.C.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has beer recordation as set forth in 37 CFR 3.11. Completion of this form is NOTa substitute for filing an assignment. O2/04/2005 MBEYENE2 00000046 09302 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotic Therapies Corp. Turku, Finland Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Get 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.	P10/SB/4/; KeV 03-02 0	tion form of a Customer	registered attorney or agent) and the names omer 2 registered patent attorneys or agents. If no			3		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 02/04/2005 MBEYENE2 00000046 03902 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotic Therapies Corp. Turku, Finland 03/04/2005 MBEYENE2 00000046 03902 1		Promption District		<i>'</i>	•			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Biotic Therapies Corp. Turku, Finland Turku, Finland Corporation or other private group entity 4a. The following fee(s) are enclosed: Selection of the fee(s) is enclosed.						nggioman ia idambiG		
Biotic Therapies Corp. Turku, Finland Corporation or other private group entity 4a. The following fee(s) are enclosed: Sold Fig. 6001 1 Corporation or other private group entity 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.		- ·	_				MBEYENE2 O(000046 03302783
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.	Biotie Therapies Co					1 68 584		1400.00 300.00 9.00
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed.	Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the p	atent): 🗖 Individual	Corporation or	other private gro	oun entity Governme
	4a. The following fee(s) are e						, , , , , ,	
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _3 The Director is hereby authorized by charge the required fee(s) or credit any overness.				Payment	by credit card. Form PT	O-2038 is attached.		
Advance Order - # of Copies 3 The Director is hereby authorized by charge the required fee(s), or credit any overposit Account Number 19-0036 (enclose an extra copy of this form).	Advance Order - # of	Copies _3		Deposit Acc	ctor is hereby authorize ount Number 19-0	d by charge the requ 036 (en	iired fee(s), or close an extra c	credit any overpayment, opy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).)					
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified ab NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or oth interest as shown by the records of the United States Patent and Trademark Office.				ion Fee (if an	y) or to re-apply any pro other than the applicant	eviously paid issue fe ; a registered attorne	e to the applica y or agent; or th	tion identified above. le assignee or other party
Authorized Signature Aun Elemental Date February 2, 2006		Coo Duntoo I atcl	and riademaik	J11100.				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Ann Summerfield

Registration No. 47,982